

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

25

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

**FOR OFFICE USE ONLY**Postmark Date: 01/30/01Ren. 2001  
# 201105  
\$110.00 WY

1060296

1. NAME HINES SCOTT A.  
Last First MI2. BUSINESS PHONE 225/344-0432  
Area Code and Phone Number3. BUSINESS ADDRESS 666 North Street Baton Rouge, LA 70802  
Street and No. City State ZipMAILING ADDRESS Same as Above  
Street and No. City State Zip4. EMPLOYER Louisiana Associated General Contractors5. EMPLOYER'S ADDRESS 666 North Street Baton Rouge, LA 70802  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Associated General ContractorsAddress 666 North Street Baton Rouge, LA 70802Business or purpose Trade AssociationDoes this person pay you? Yes

If No, who pays you? \_\_\_\_\_

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OFFICE OF THE  
ATTORNEY GENERAL  
JAN 31 2001

# LOBBYING REGISTRATION FORM

25

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

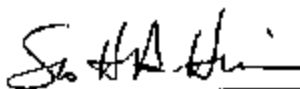
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY